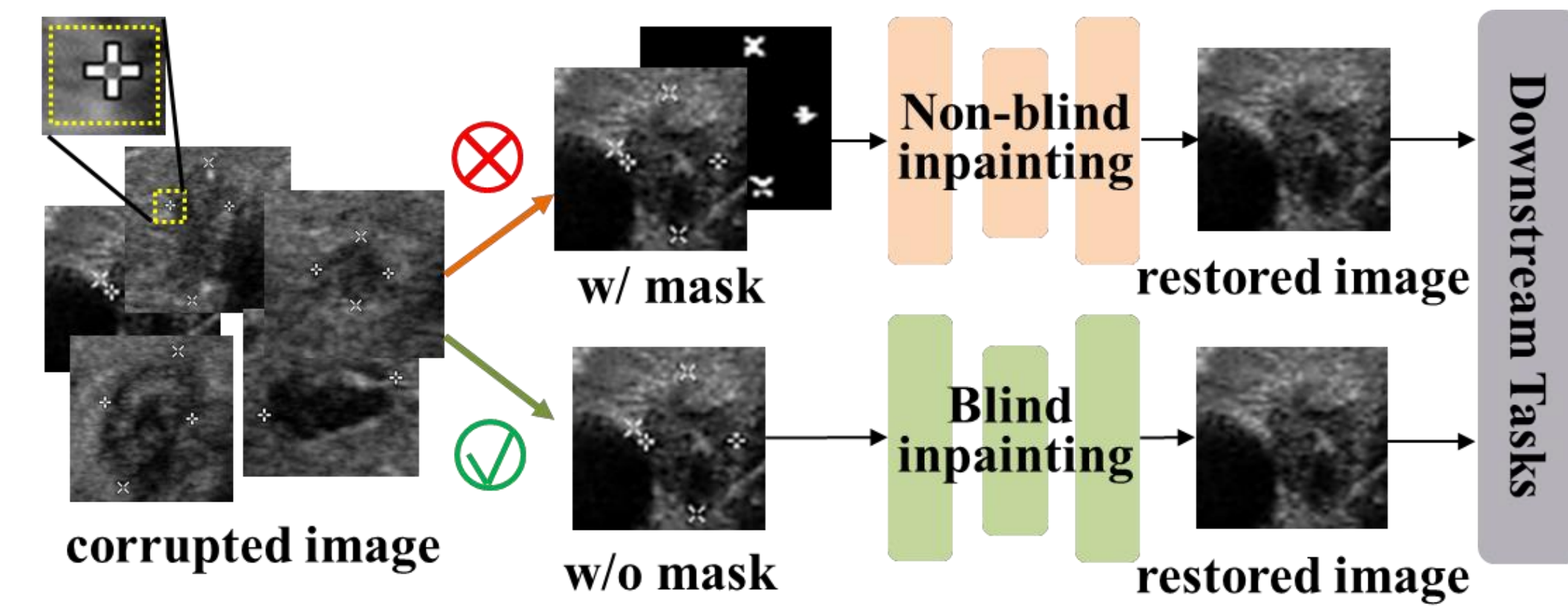


1. MOTIVATION

Reconstruction for corrupted medical images:

- Medical images often incorporate doctor-added markers that can hinder AI-based diagnosis. This issue highlights the need of inpainting techniques to restore the corrupted visual contents.
- Existing methods require manual mask annotation as input, limiting the application scenarios.
- In this paper, we propose a novel **blind inpainting** method that automatically reconstructs visual contents within the corrupted regions without mask input as guidance.



2. RELATED WORK

Existing works

- **Inpainting methods for image completion:** gated convolution-based, transformer-based, diffusion-based methods
- **Extensive applications in medical imaging:** chest X-ray, brain MRI, ... → involves **manual mask annotation**, inconvenient, time-consuming, and error-prone.
- **Blind inpainting methods:** a more practical solution, mask-free. → still **fail** to localize corrupted regions, leading to sub-optimal solutions in reconstruction.

3. PROPOSED APPROACH

An efficient mask-free network for the blind inpainting task.

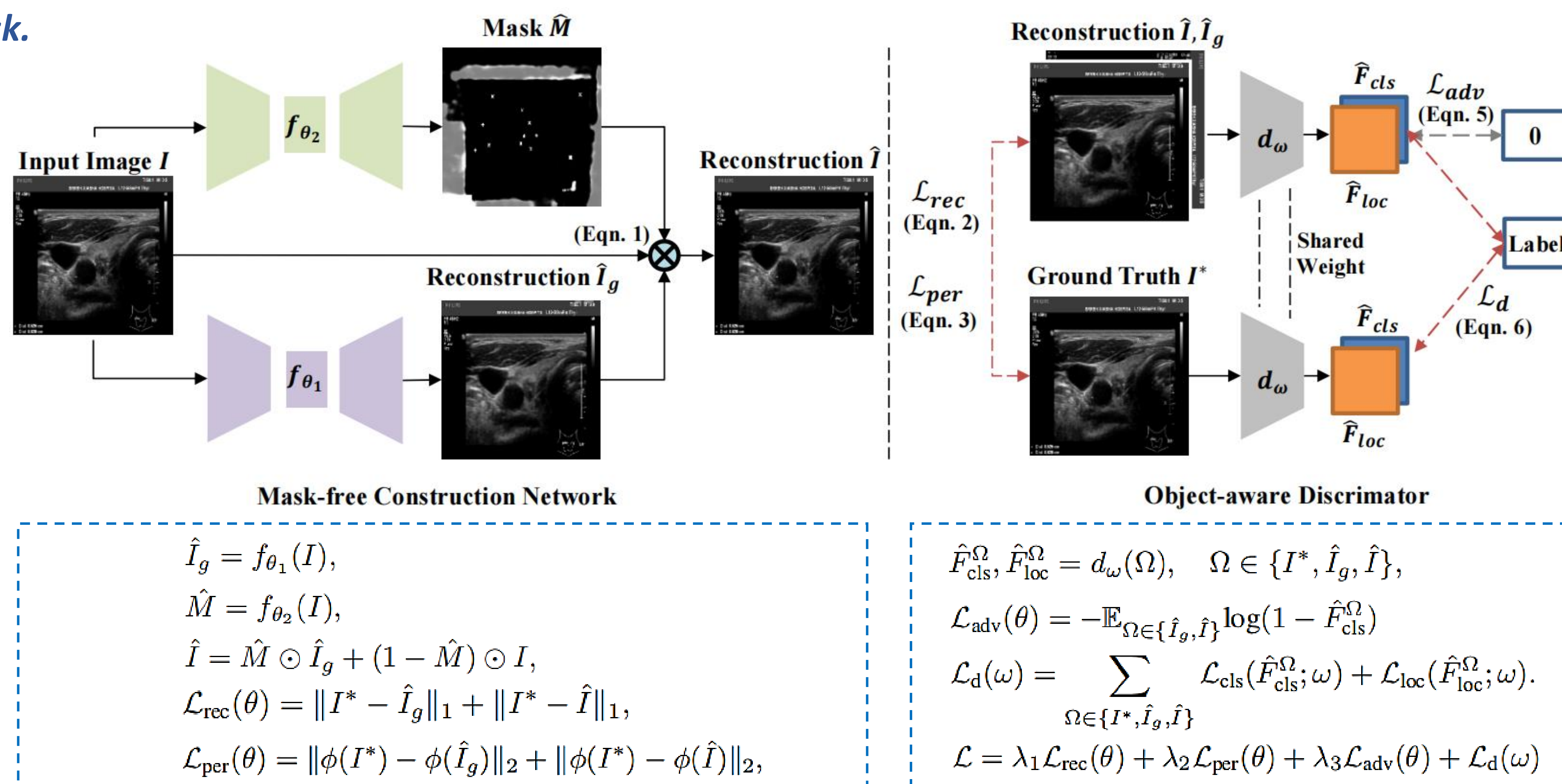
A two-branch reconstruction network :

f_{θ} guides the inpainting process to focus on corrupted regions, which are unknown to model. Branch f_{θ_1} is for inpainting missing content in corrupted regions localized by f_{θ_2} . Each branch utilizes the same upsampler - convolution - downsampler structure based on gated convolution, but is with distinct parameters. → Eliminate dependency on a manual mask input.

An object-aware discriminator :

Utilize and enhance a dense object detector such as YOLOv5 to build our discriminator, thus to accommodate markers of different relative sizes in corrupted images. This leverages the detector's powerful recognition capabilities for pixel-based classification in local regions. → Enhance adversarial training.

Thus, our end-to-end blind inpainting model can produce reconstructions closely resembling clean images.



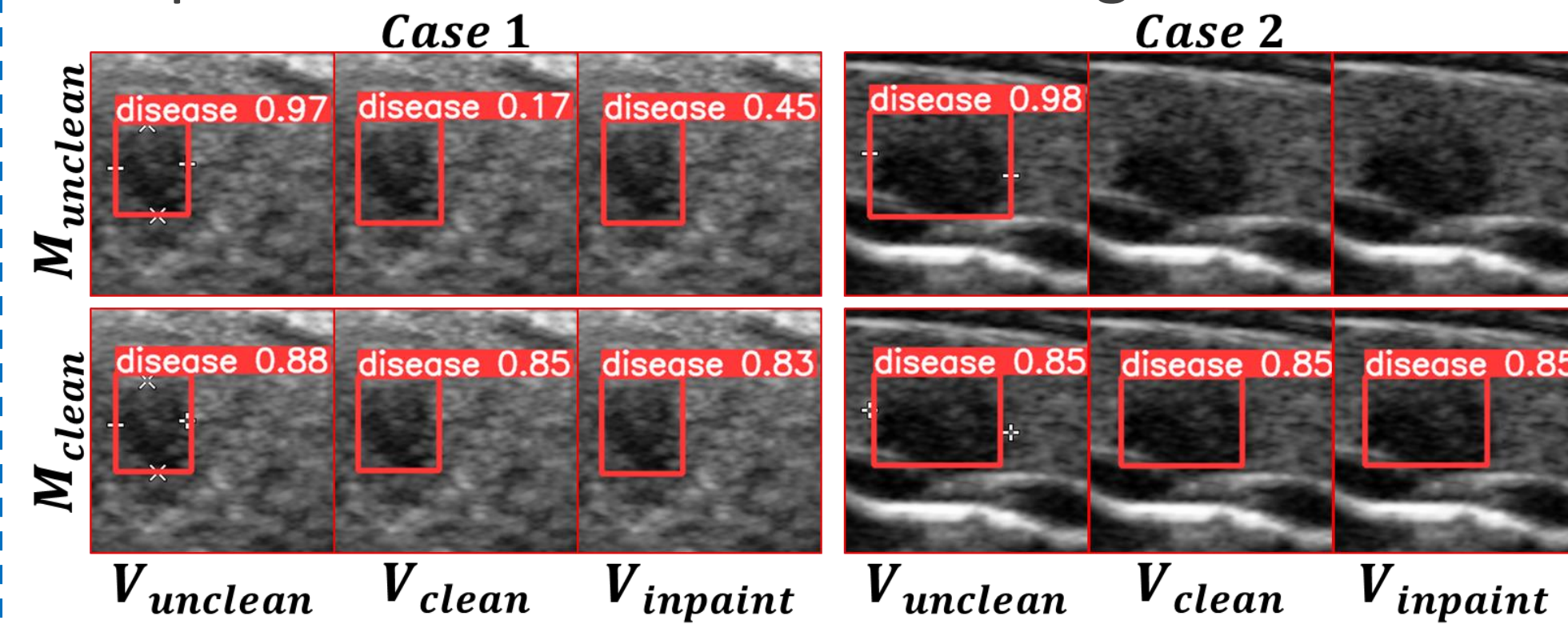
4. EXPERIMENTS

Datasets

- **US:** ultrasound, from Sir Run Run Shaw Hospital
- **MRI:** magnetic resonance imaging, from Prostate MR Image Segmentation Challenge
- **CM:** electron microscopy, from the MICCAI 2015 gland segmentation challenge

Motivation Verification

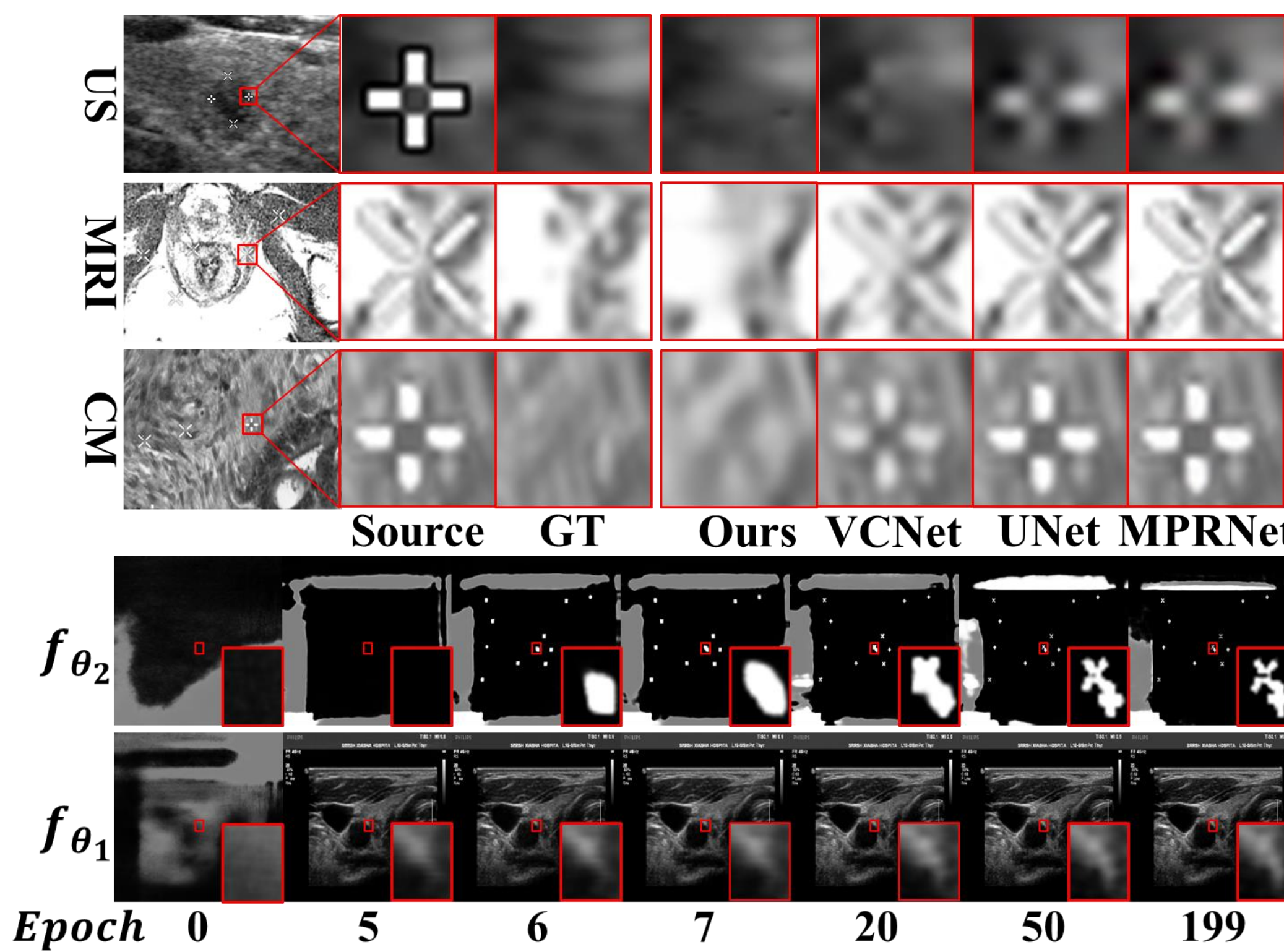
- **Verify the motivation by YOLOv5 for lesion detection on US dataset:** Train YOLOv5 models M on unclean data with artificial markers and clean data respectively. V is test sets. Inpainting $V_{unclean}$ by our model to obtain $V_{inpainted}$.
- $M_{unclean}$ detects lesions relying on marker recognition, rather than understanding medical semantics as M_{clean} . It proves the negative impact of unclean data on AI diagnostics.



Models	Test sets	P	R	mAP@.5	mAP@.5:.95
$M_{unclean}$	$V_{unclean}$	0.875	0.860	0.860	0.844
	V_{clean}	0.500	0.594	0.556	0.248
	$V_{inpainted}$	0.583	0.429	0.511	0.221
M_{clean}	$V_{unclean}$	0.780	0.754	0.773	0.442
	V_{clean}	0.770	0.696	0.734	0.425
	$V_{inpainted}$	0.664	0.719	0.676	0.389

Performance & Comparisons with SOTA

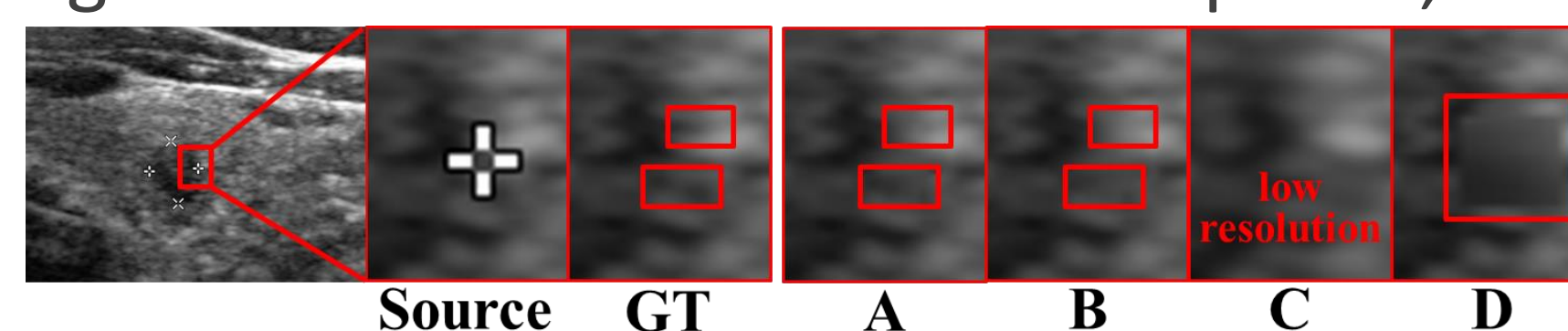
- **Models for comparisons:** MPRNet, Unet, VCNet and our proposed model
- Metrics(mean \pm s.d). In parentheses are metrics further calculated only within mask areas.
- Ours generates visually appealing results. Other models exhibit varying levels of restoration failure.



Data	Methods	PSNR \uparrow	SSIM \uparrow	MSE \downarrow
US	MPRNet	37.877 \pm 3.289 (13.478)	0.995 \pm 0.002 (0.429)	13.027 \pm 10.201 (3213.933)
	UNet	35.262 \pm 1.319 (14.899)	0.985 \pm 0.004 (0.419)	20.499 \pm 9.442 (2280.374)
	VCNet	36.891 \pm 1.425 (28.988)	0.971 \pm 0.012 (0.801)	14.442 \pm 6.910 (87.293)
	Ours	47.673 \pm 5.415 (30.016)	0.999 \pm 0.001 (0.855)	2.633 \pm 5.856 (103.111)
MRI	MPRNet	34.860 \pm 1.992 (17.692)	0.991 \pm 0.001 (0.627)	23.298 \pm 9.599 (1226.490)
	UNet	29.736 \pm 2.004 (18.021)	0.961 \pm 0.012 (0.625)	75.659 \pm 29.296 (1003.576)
	VCNet	31.315 \pm 1.405 (21.117)	0.947 \pm 0.029 (0.705)	63.405 \pm 18.734 (423.108)
	Ours	40.049 \pm 7.004 (26.159)	0.994 \pm 0.003 (0.821)	7.153 \pm 9.627 (203.967)
CM	MPRNet	35.184 \pm 1.368 (18.354)	0.991 \pm 0.002 (0.702)	20.505 \pm 6.460 (1004.690)
	UNet	34.239 \pm 0.847 (19.472)	0.984 \pm 0.001 (0.707)	24.881 \pm 4.931 (1015.378)
	VCNet	32.230 \pm 0.350 (22.268)	0.956 \pm 0.007 (0.718)	39.016 \pm 3.098 (387.710)
	Ours	41.419 \pm 1.902 (28.437)	0.997 \pm 0.001 (0.839)	2.595 \pm 1.284 (165.442)

Ablation study on US dataset

- **A:** our complete model. **B:** our object-aware discriminator with the one in Deepfillv2.
- **C:** our two-branch reconstruction network with a single branch one. **D:** a two-stage non-blind inpainting solution with YOLOv5 and Deepfillv2, which are the basis of our implementation.



Type	PSNR \uparrow	SSIM \uparrow	MSE \downarrow
A	47.673 \pm 5.415	0.999 \pm 0.001	2.633 \pm 5.856
B	33.283 \pm 2.023	0.984 \pm 0.006	33.948 \pm 16.306
C	29.306 \pm 2.131	0.883 \pm 0.038	87.551 \pm 52.855
D	43.551 \pm 3.014	0.998 \pm 0.001	4.583 \pm 9.094

5. CONCLUSIONS

Contributions

- We propose a novel blind inpainting method with a mask-free reconstruction network and an object-aware discriminator for artificial marker removal in medical images.
- Eliminate dependency on the manual mask input for corrupted regions in an image.
- Practicability of employing an dense object detector to the discriminator.
- Efficiency and robustness on multiple medical image datasets such as US, EM, and MRI.

Future work

- Combine diffusion models in the reconstruction network
- Validate the performance in large hole blind inpainting